pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

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		CLAIMS A	SFILED	- PART			SMAL	L FR	JTITY		OTHER	THAN
(Column 1)			n 1)			TYPE	SMALL ENTITY TYPE			SMALL		
TOTAL CLAIMS		49				RAT	E	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			40, minus 20= *		. 2	9	X\$.9	=		OR	X\$18=	522
INDEPENDENT CLAIMS			6 minus 3 = 3			X40	=		OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT							+135	=		OR	+270=	2.70
* If the difference in column 1 is les			ess than zero, enter "0" in column 2			TOTA			OR	TOTAL	1,472	
		CLAIMS AS A	MENDED - PART II				·- : ·		10	OTHER		
		(Column 1)		(Column 2) (Column 3)			SMA	LL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	ENTATION OF M	Minus	PENDENG	F CI A 144	=	X40	=	*	OR	X80=	
	T INTO T TREO	LIVIATION OF W	OLITE DE	FEINDEIN	CLAIN		+135	_	*	OR	+270=	٠. ،
•		A CONTRACTOR OF THE PARTY OF TH	,				TO				TOTAL	
		(Column 1)		(Colur	mn 21	(Column 3)	ADDIT. F	EE	*	On	ADDIT. FEE	
		CLAIMS		HIGH	EST	(Coldinii 3)			4551	1		*
MEN		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY.	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	;	=	X\$ 9	- [OR	X\$18=	•
	Independent	* ENTATION OF MU	Minus	***	01.444.4	<u> </u>	X40=			OR	X80=	
	ringi i neģe	INTATION OF MI	DÉFILE DE	PENDENT .	CLAIM		+135	_		OR	+270=	
						TOT			ı ı	TOTAL		
							ADDIT. FI			OR ;	ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)		~,	*		-)(·	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID I	BER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=	ï
ME	Independent	*	Minus [.]	***		= .	X40=	+		ı	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		A40=	+		OR		
'• If	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	:
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
T	he "Highest Num	ber Previously Paid	For" (Total o	r Independe	nt) is the	highest number	found in the	appn	opriate box	in colu	ımn 1.	